

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO. 10720595 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2	/	/				
3	/					
4	/					
5	/					
6	/					
7	(1)					
8	(2)					
9	(3)					
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TOTAL IND.

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TOTAL DEP.

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TOTAL CLAIMS

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	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.

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TOTAL DEP.

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TOTAL CLAIMS

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